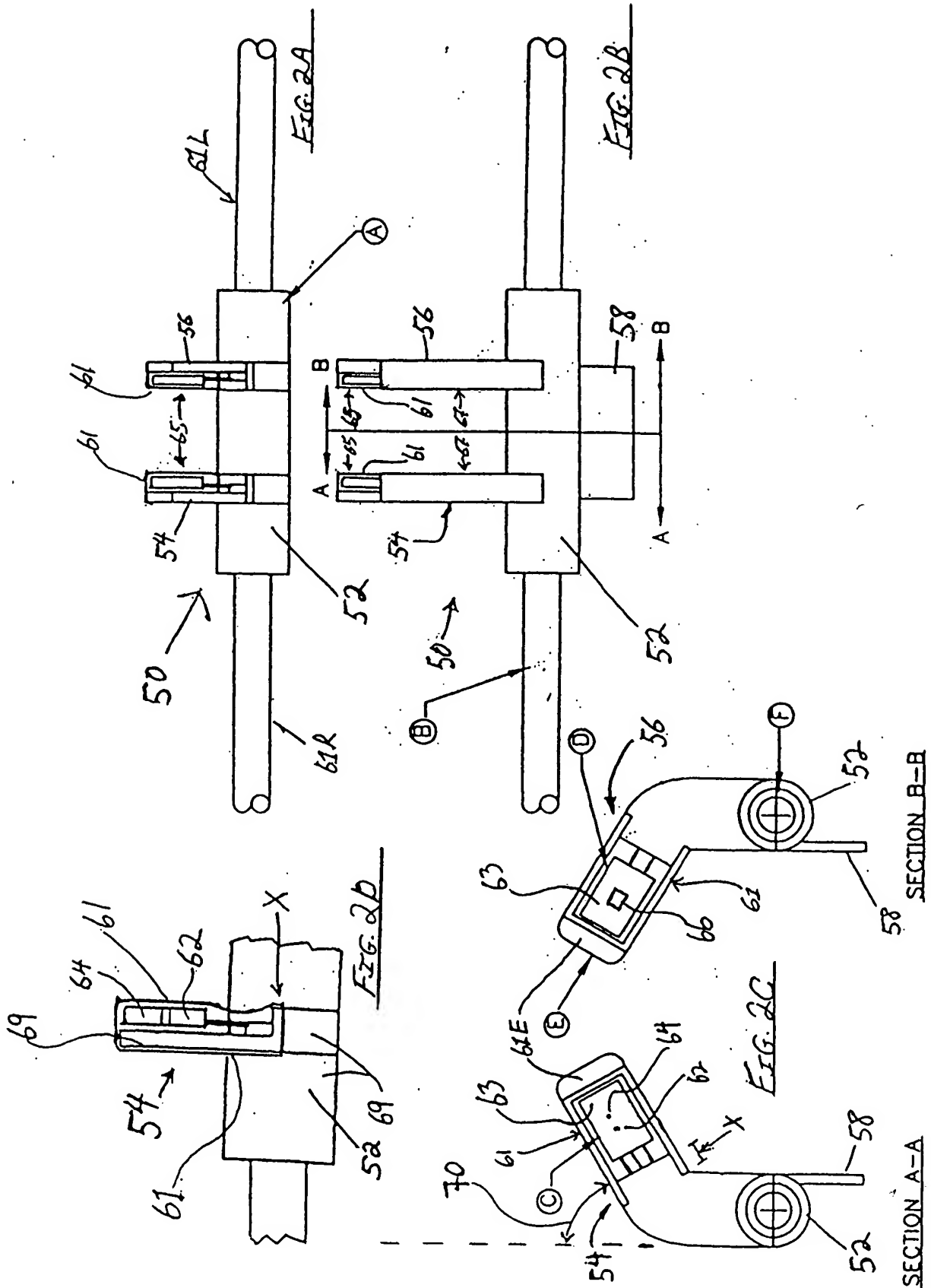
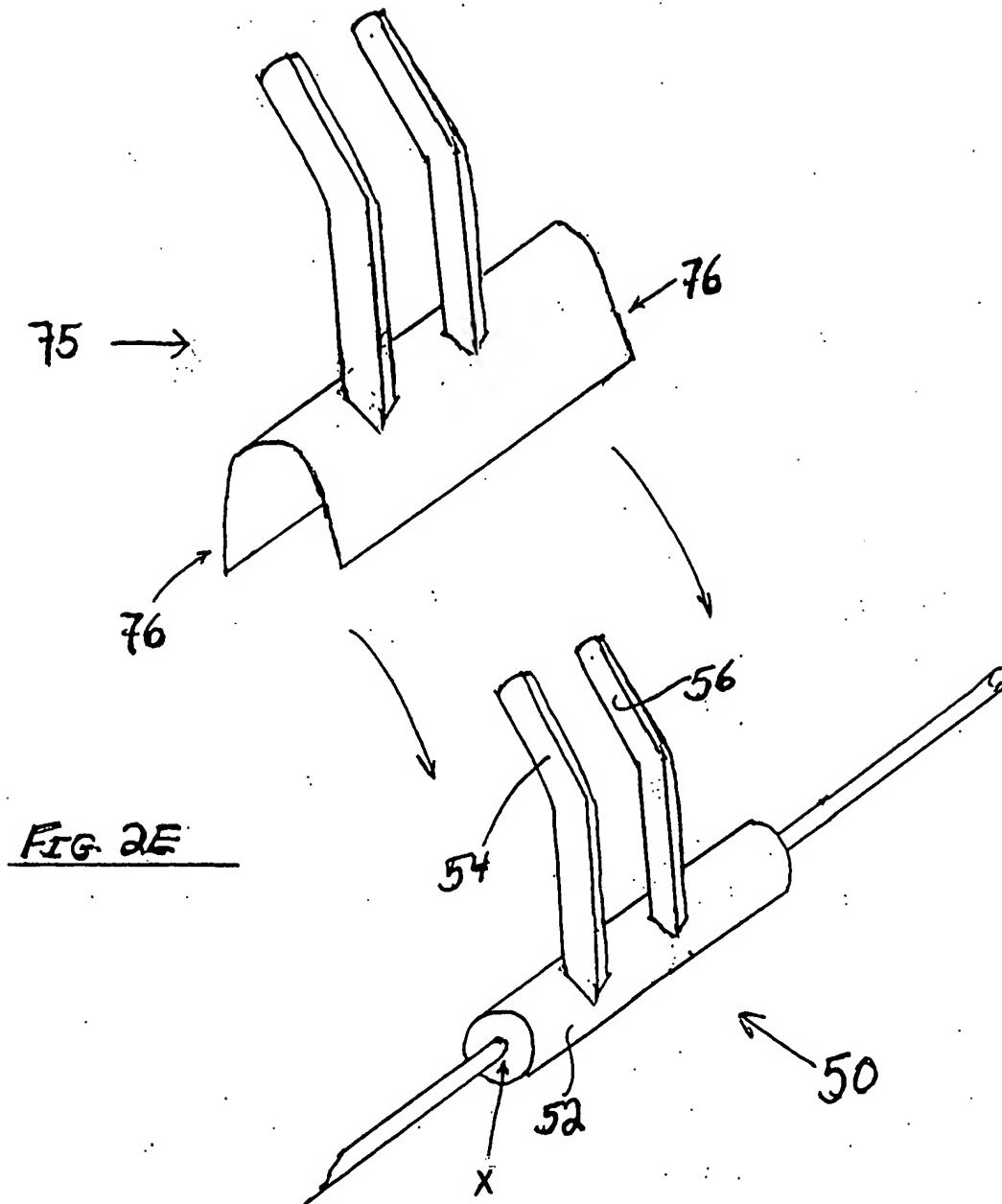


FIGURE 1





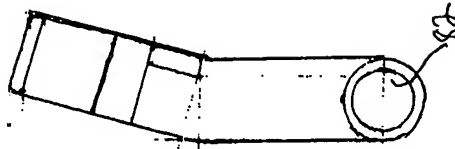


FIG. 2G

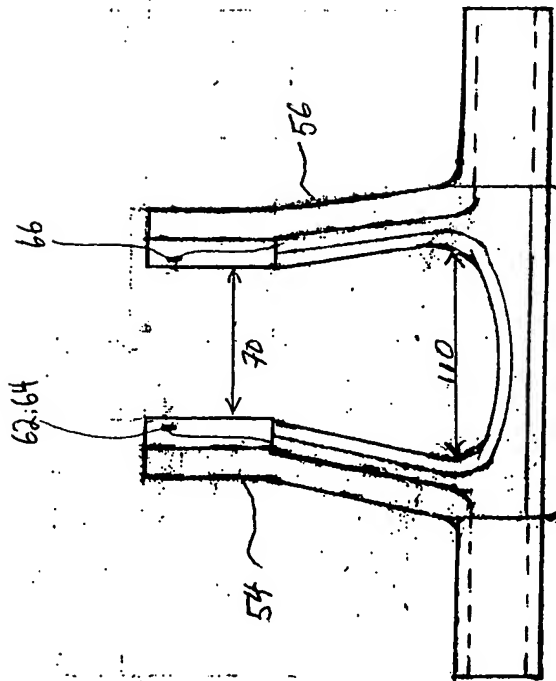
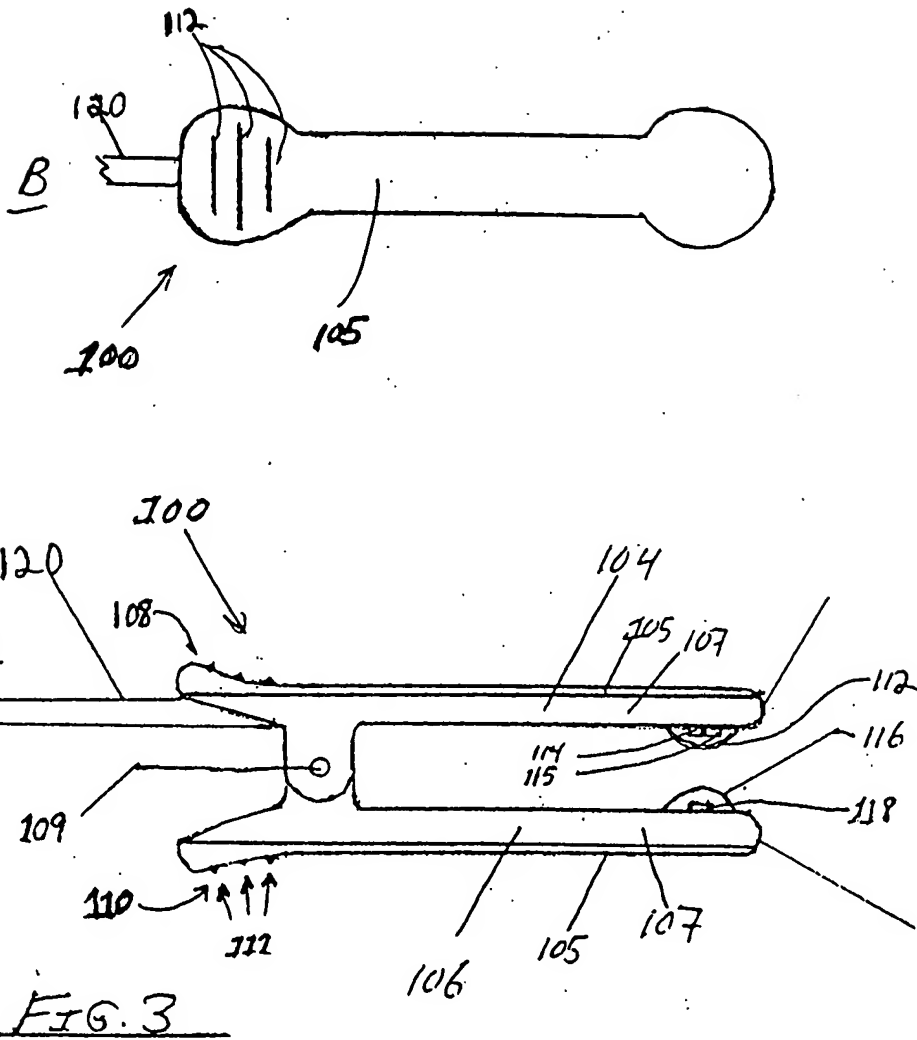


FIG. 2F



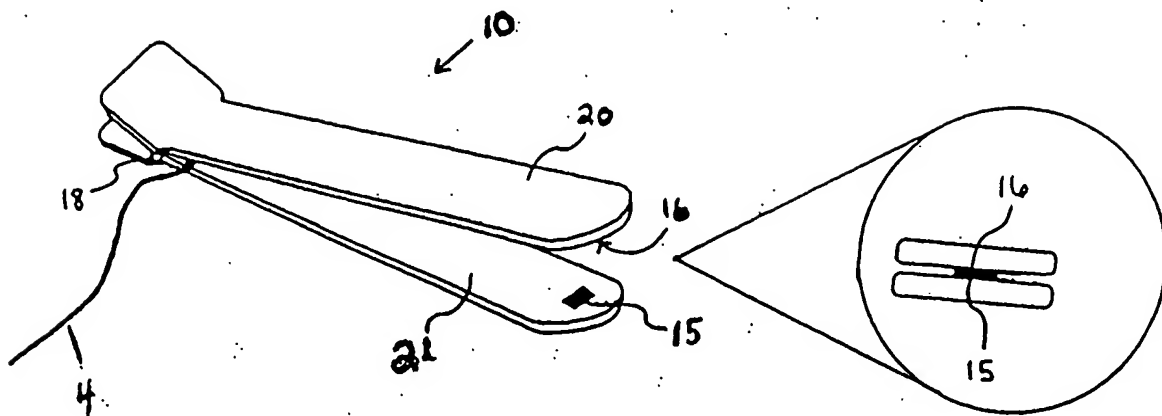


FIGURE 4

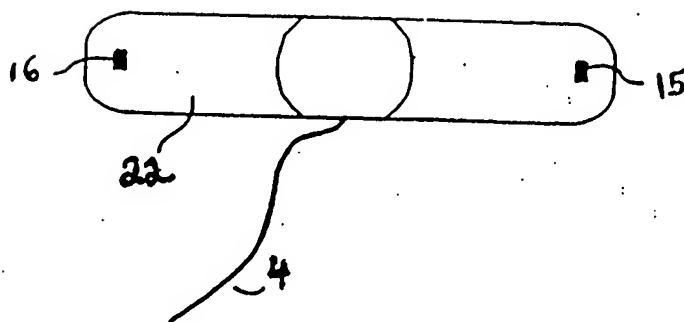


FIGURE 5

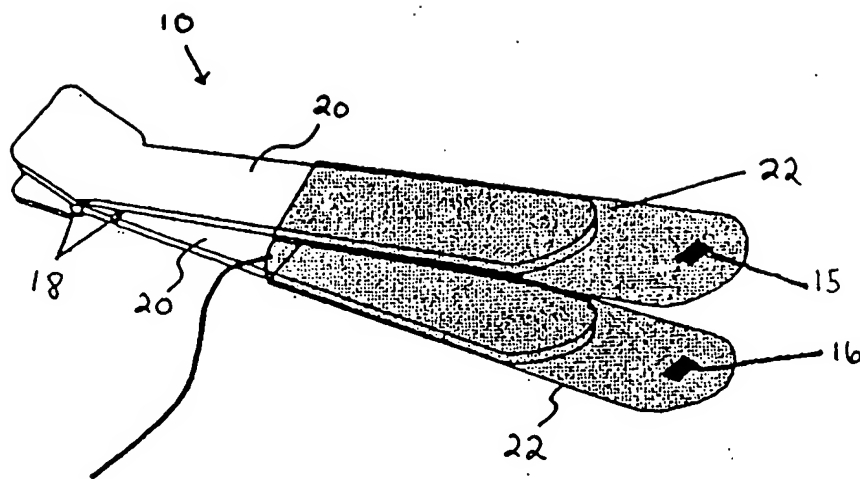


FIGURE 6

A METHOD OF USING IDENTIFYING AND MONITORING
VASCULAR PERFUSION/RESISTANCE

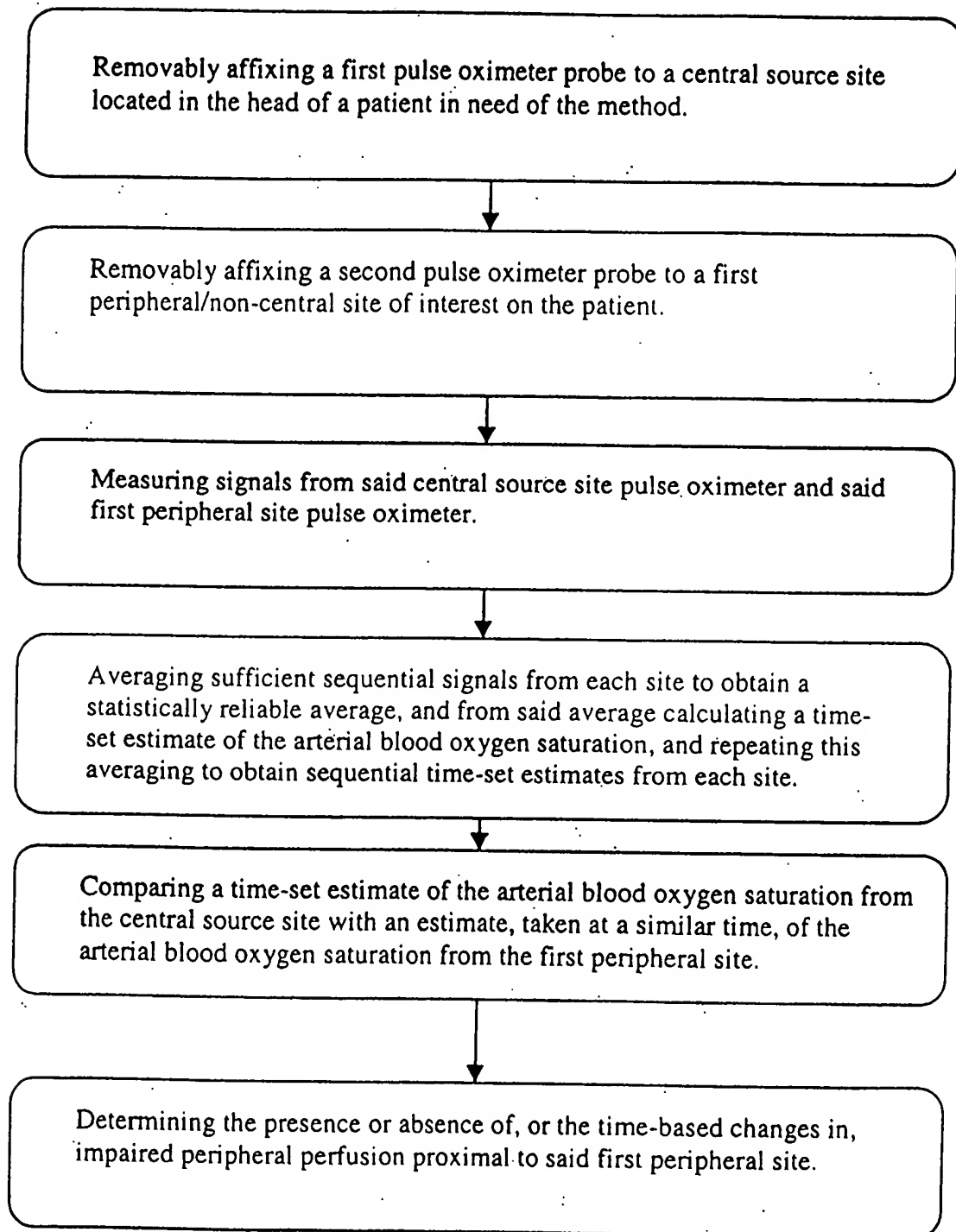


FIGURE 7

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FIGURE 8B

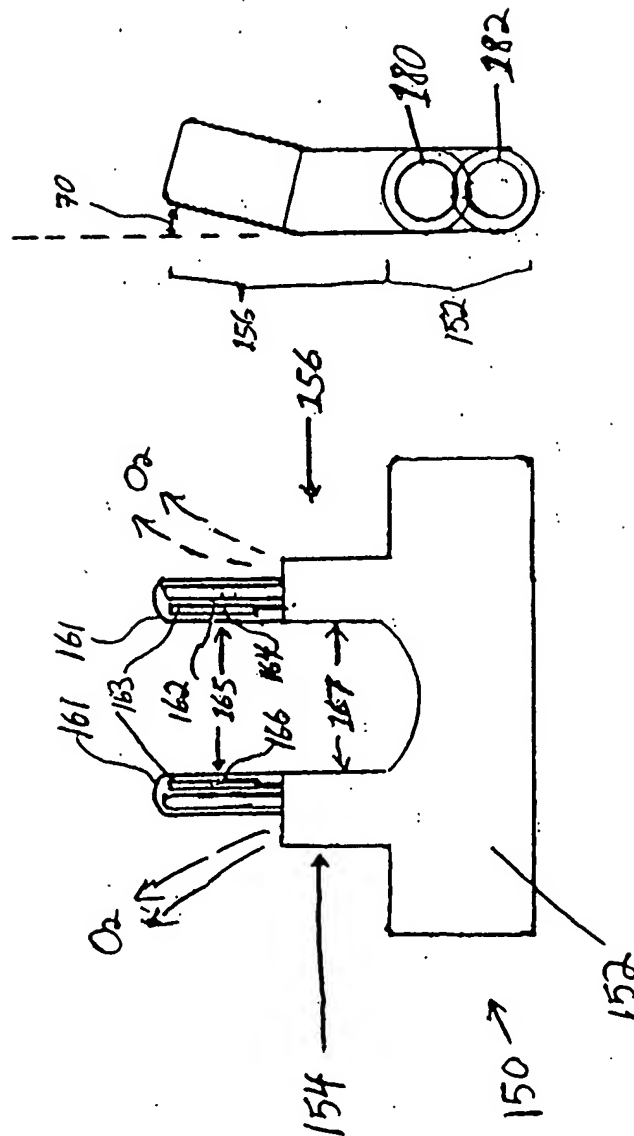
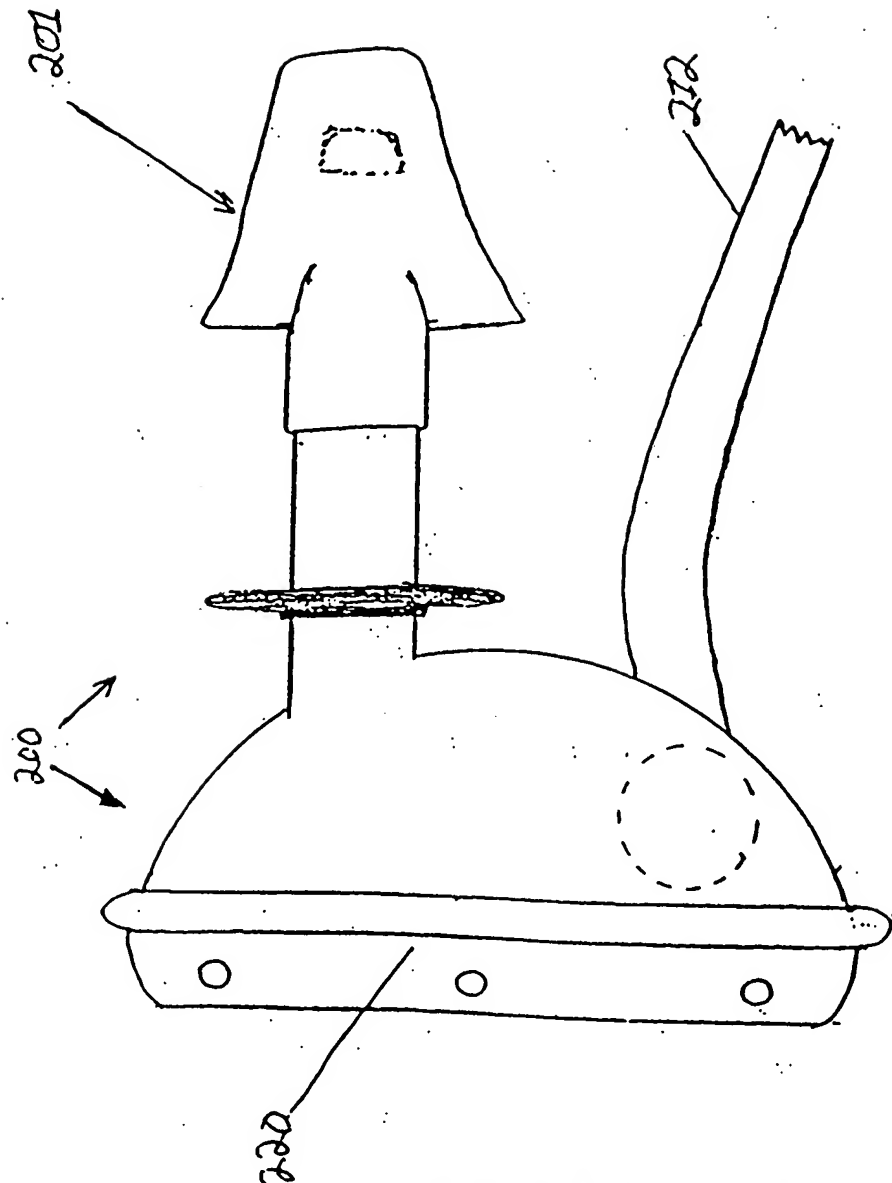


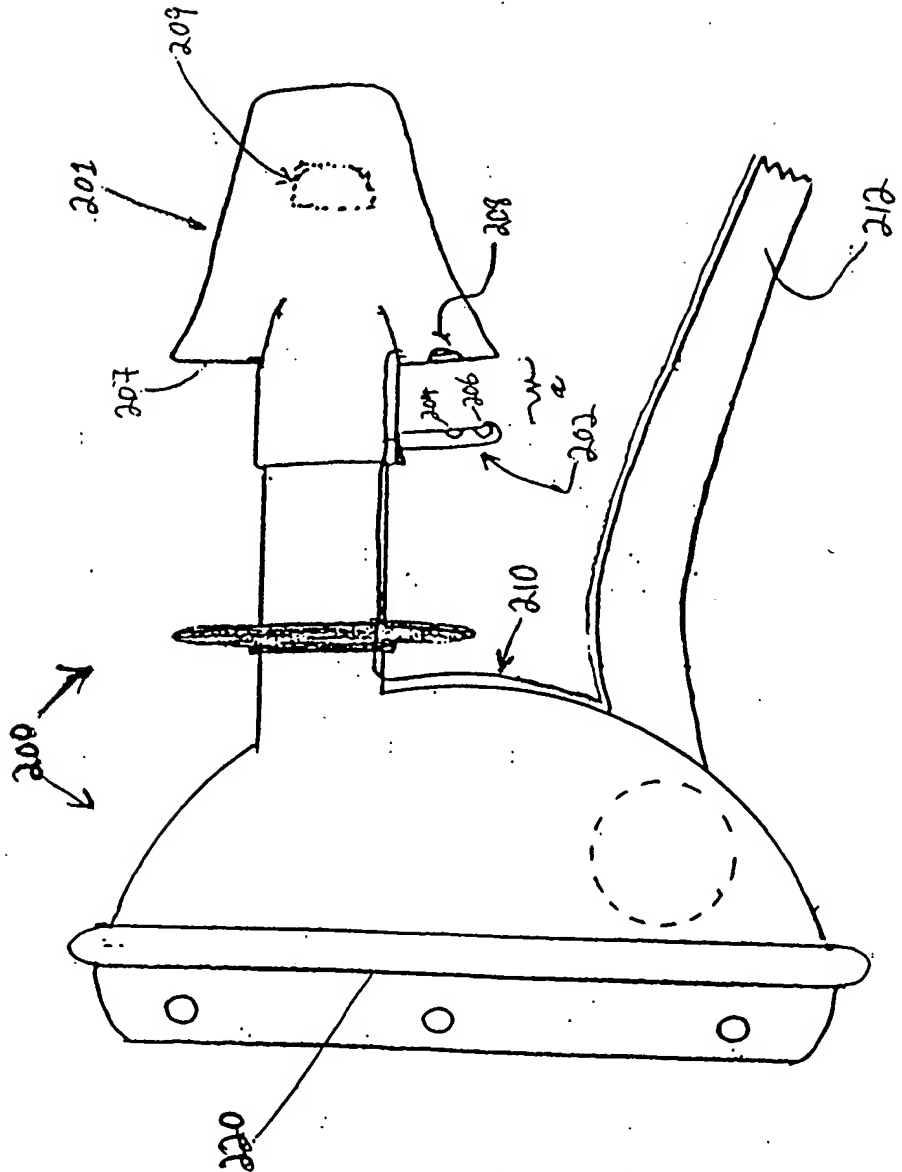
FIGURE 8A

FIG. 9A



BEST AVAILABLE COPY

FIG. 9B



BEST AVAILABLE COPY

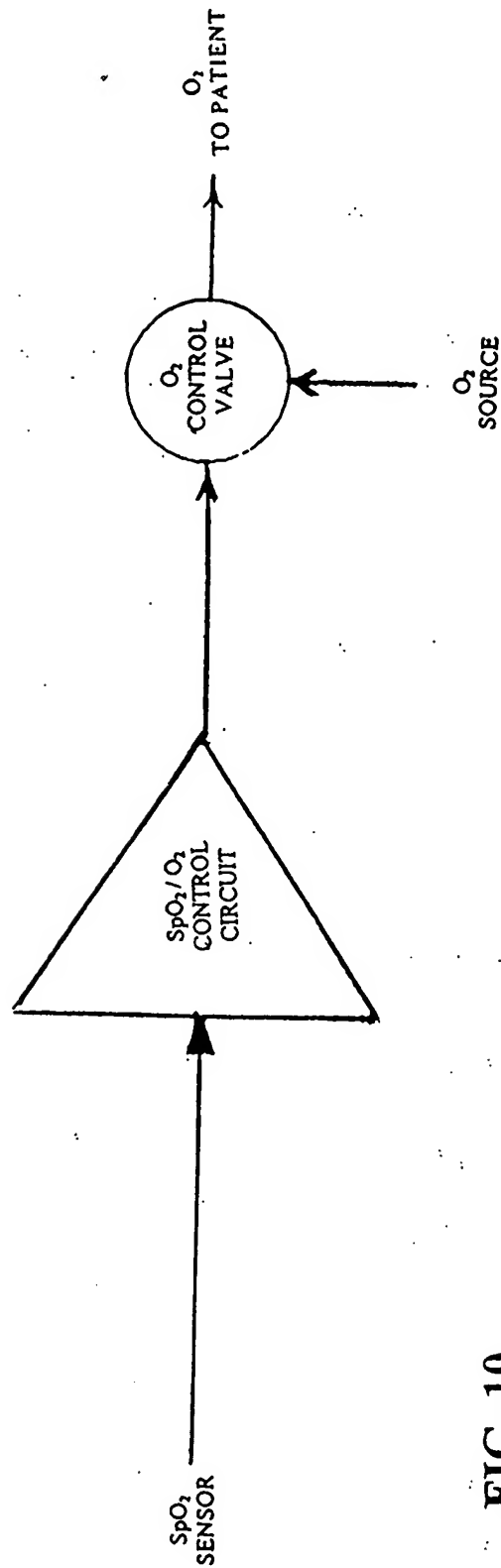


FIG. 10

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Figure 11

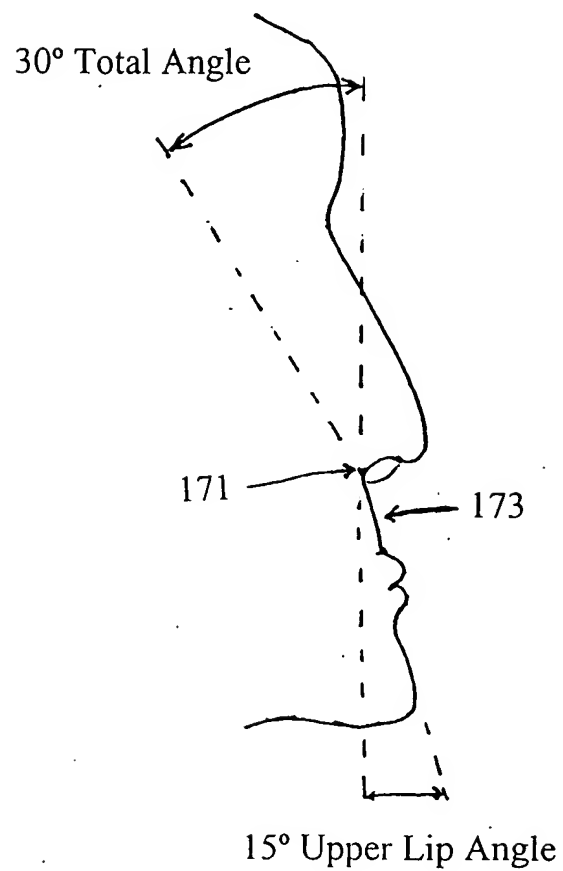


Figure 12A

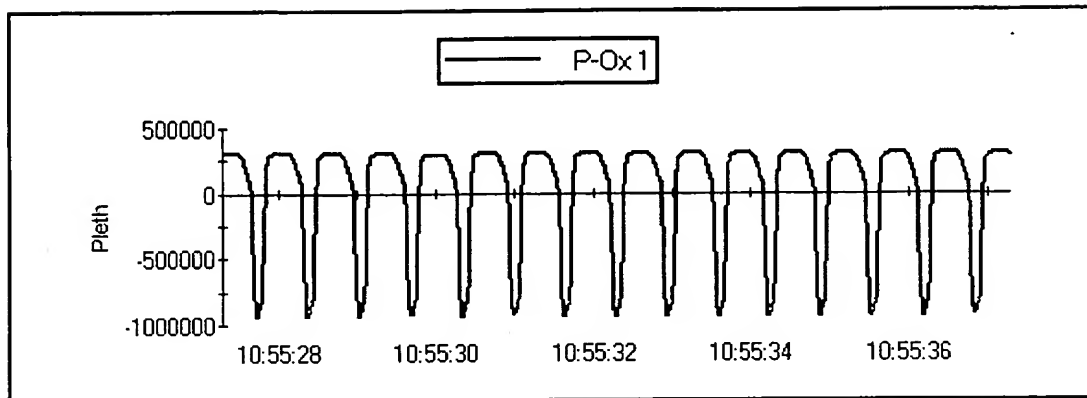


Figure 12B

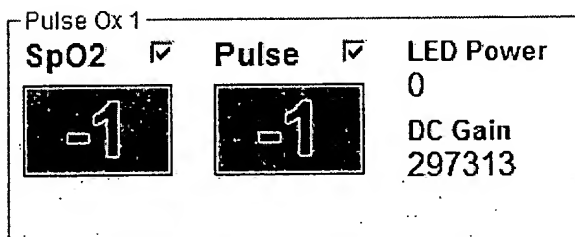


Figure 13A

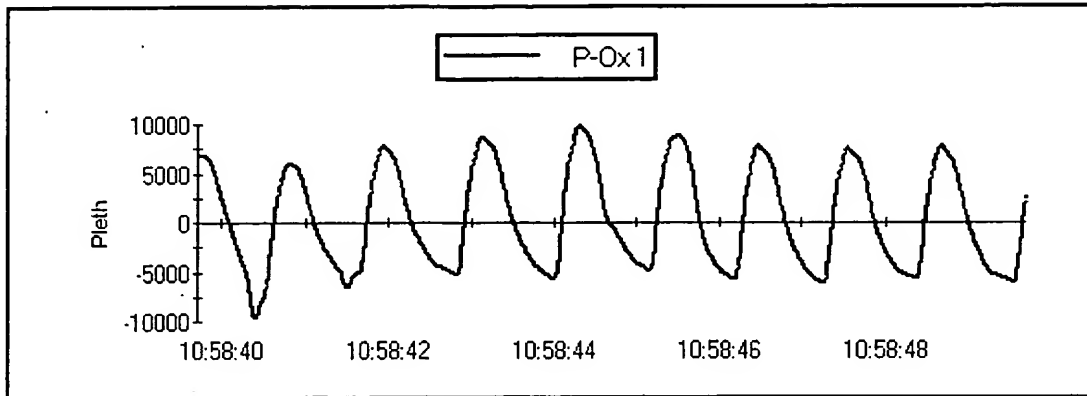
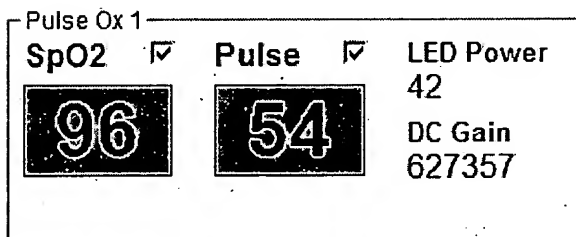


Figure 13B



BEST AVAILABLE COPY

Figure 14A

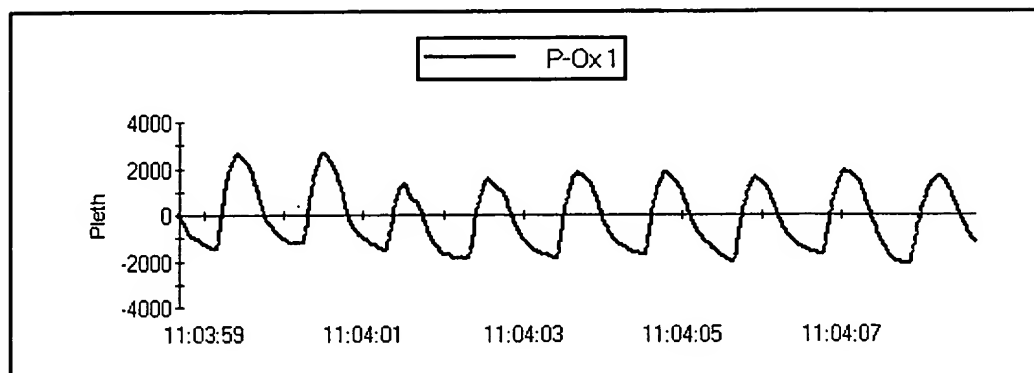
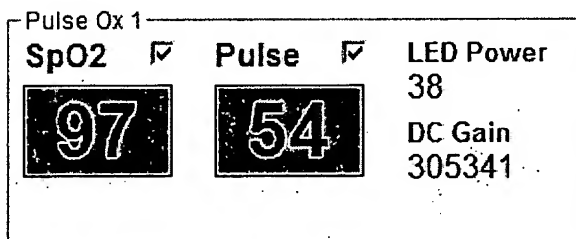


Figure 14B



BEST AVAILABLE COPY

Figure 15A

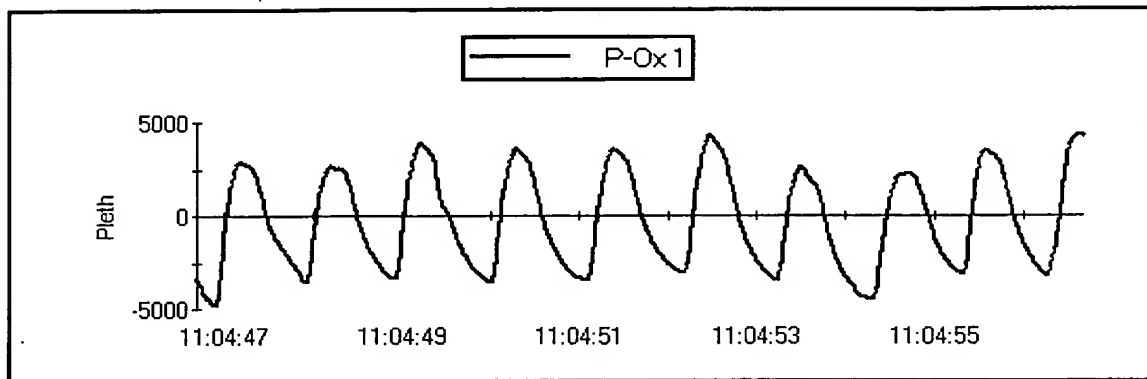


Figure 15B

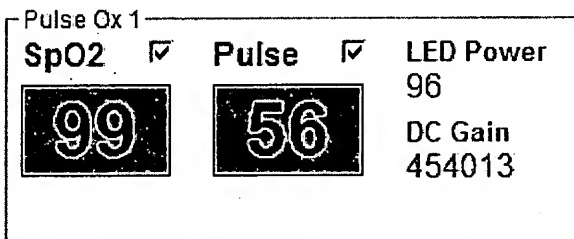
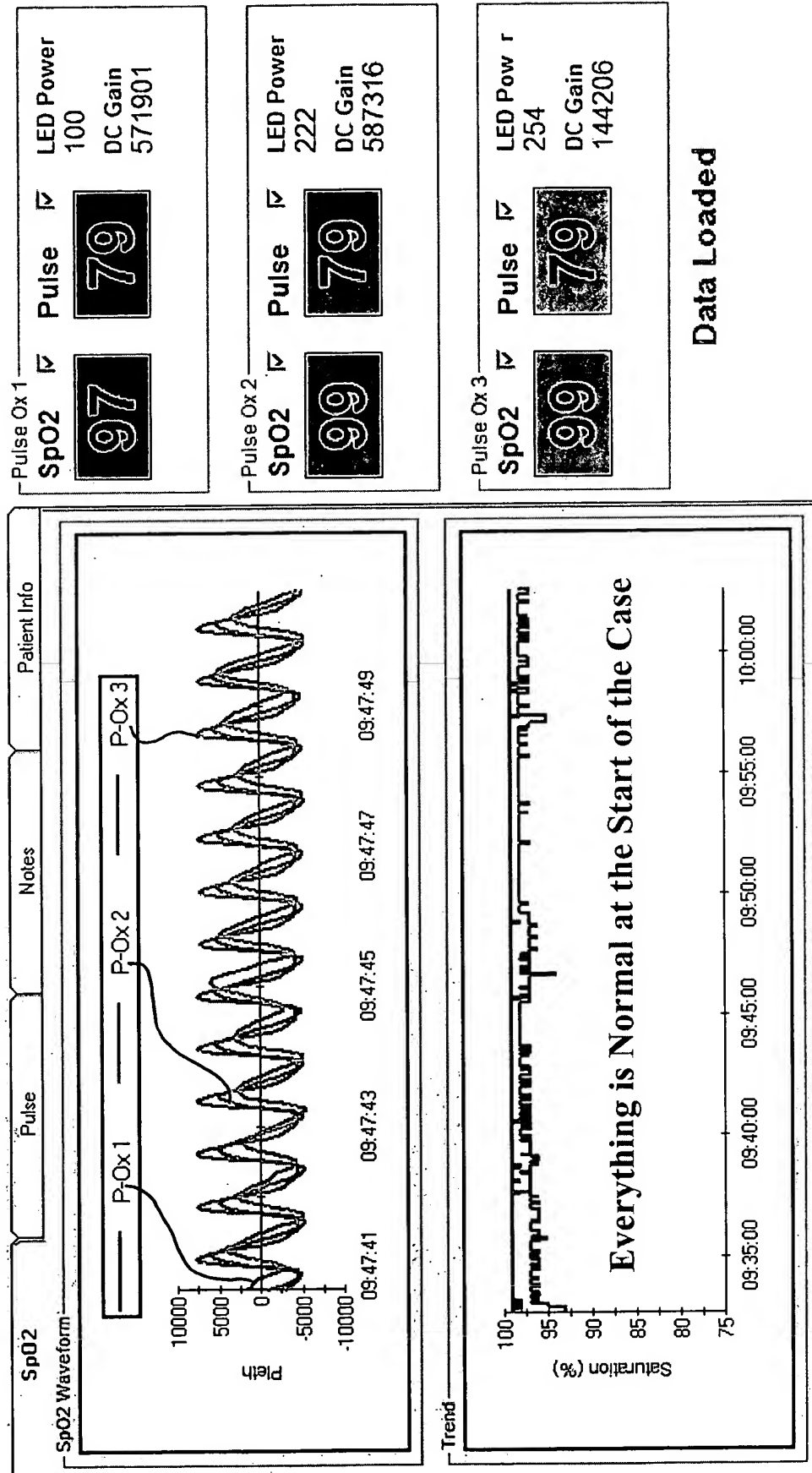


Figure 16A



After a Minute the Nasal and Cheek Probes
 Resumed Functionality and the Finger did Not.

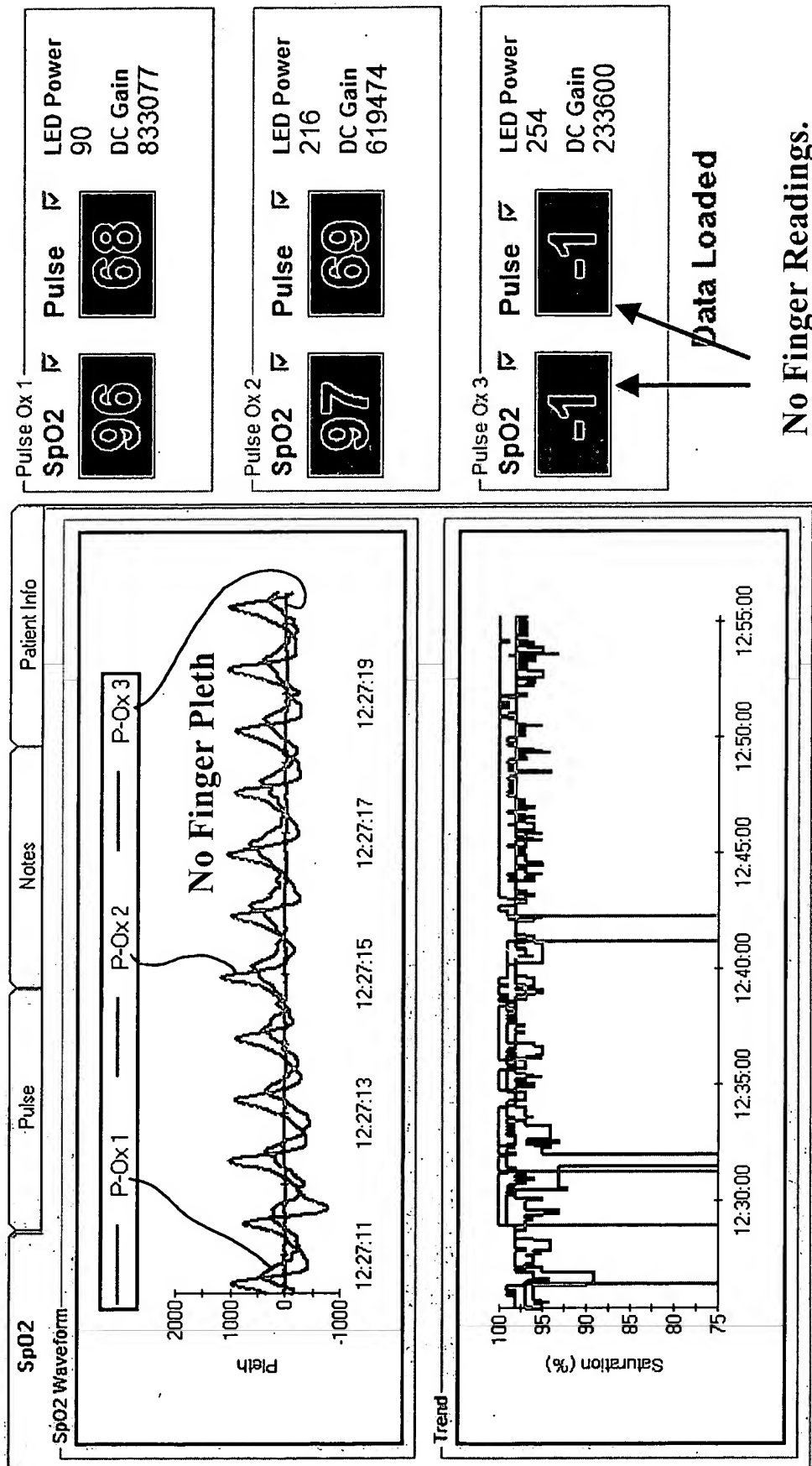
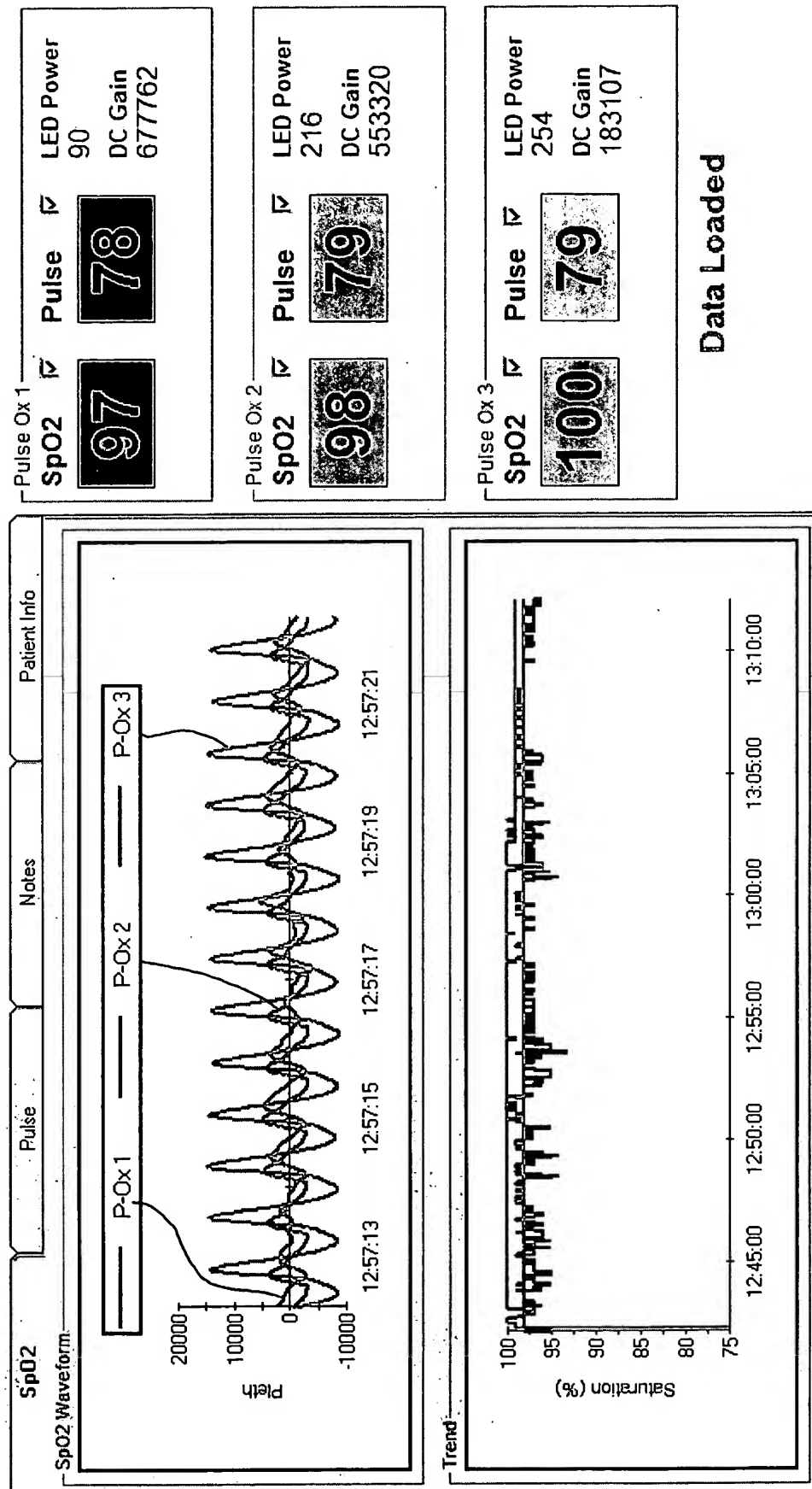


Figure 16B

As the Case was Ending, Flow was Resumed and Everything was Working Once Again.



Data Loaded

Figure 16C

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Figure 17A

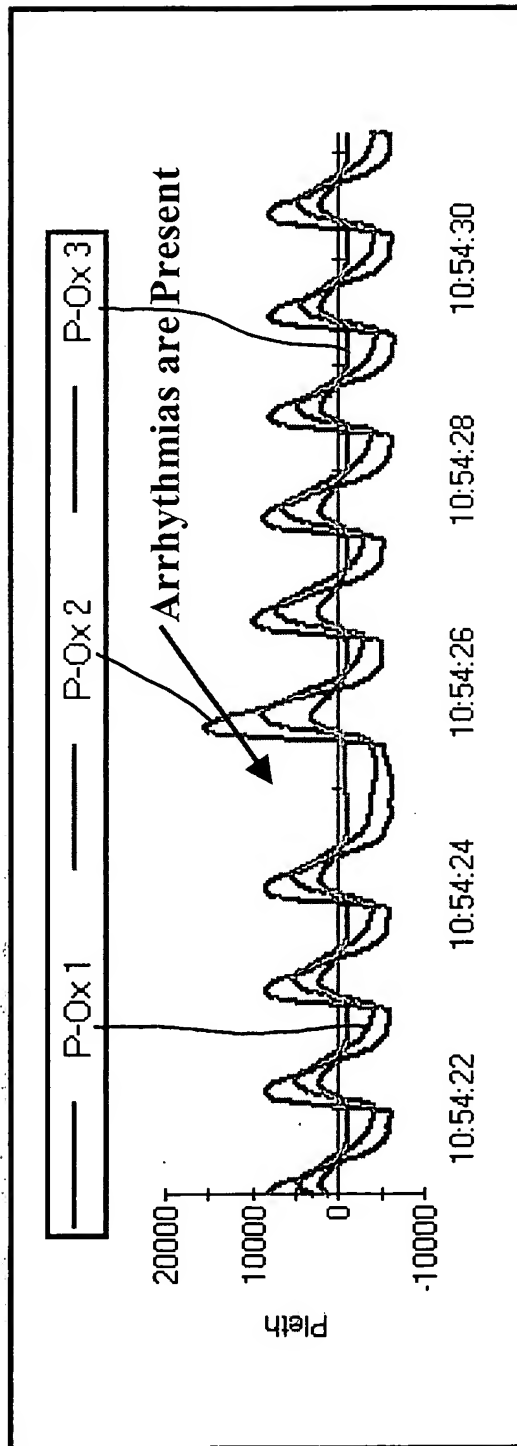
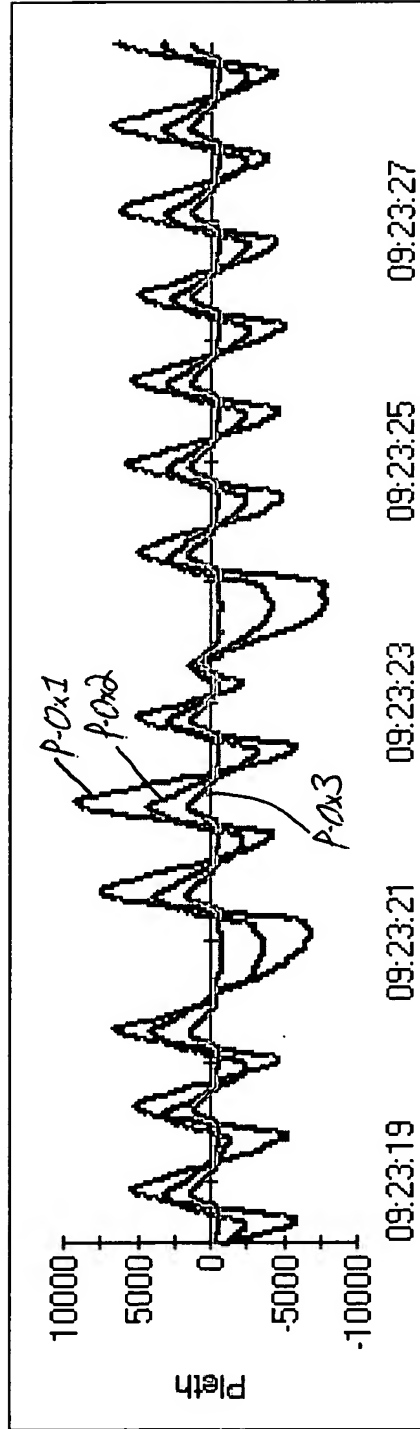


Figure 17B



BEST AVAILABLE COPY

Figure 17C

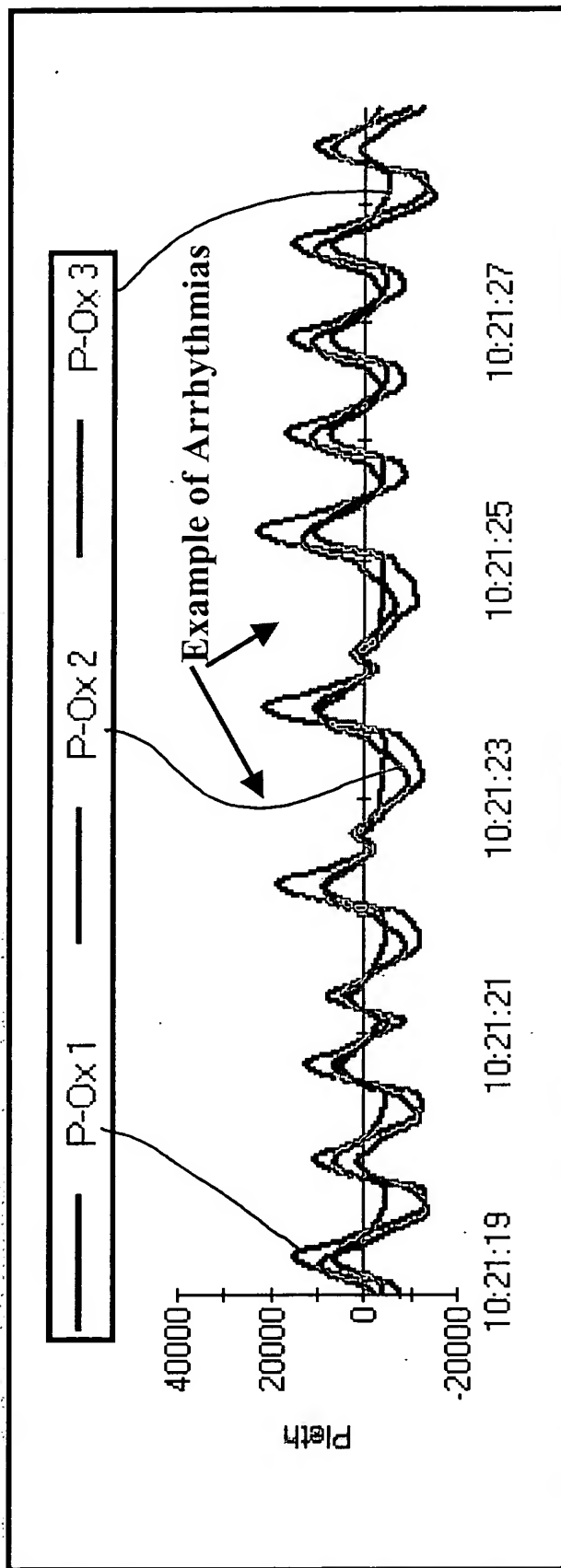
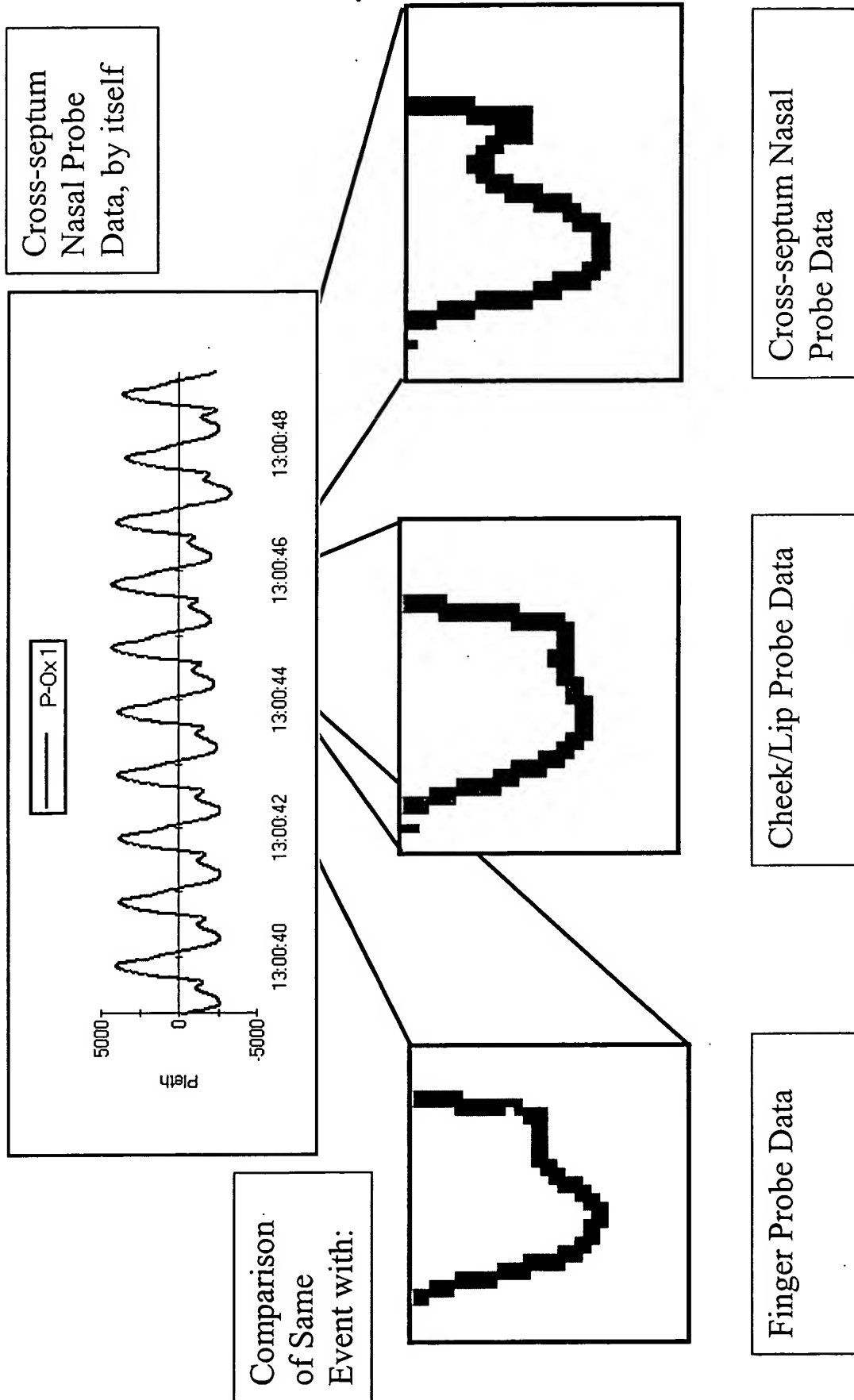


Figure 17D



Approx. 0 Degrees. Too inferior and posterior

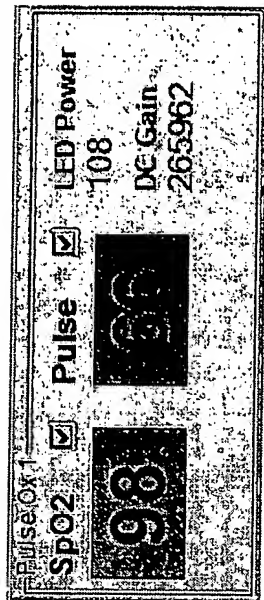


FIG. 18A

Approx. 15 Degrees. Over the Plexus

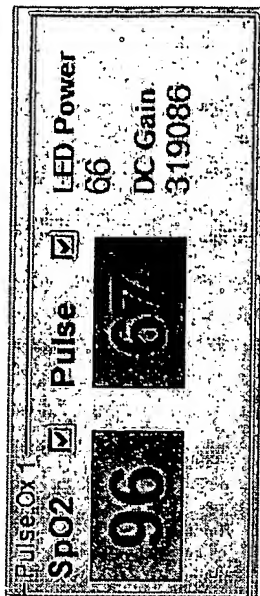


FIG. 18B

Approx. 30 Degrees. Too anterior and superior

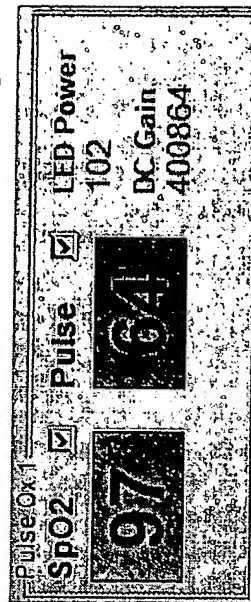
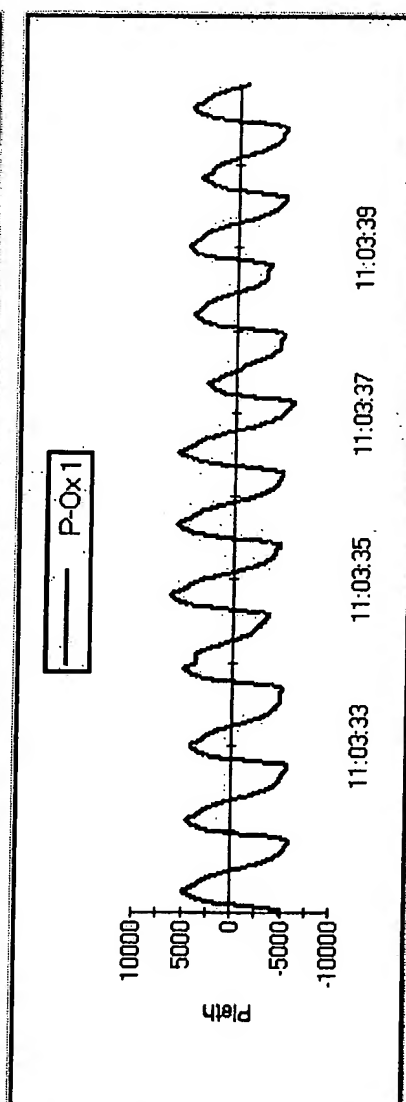
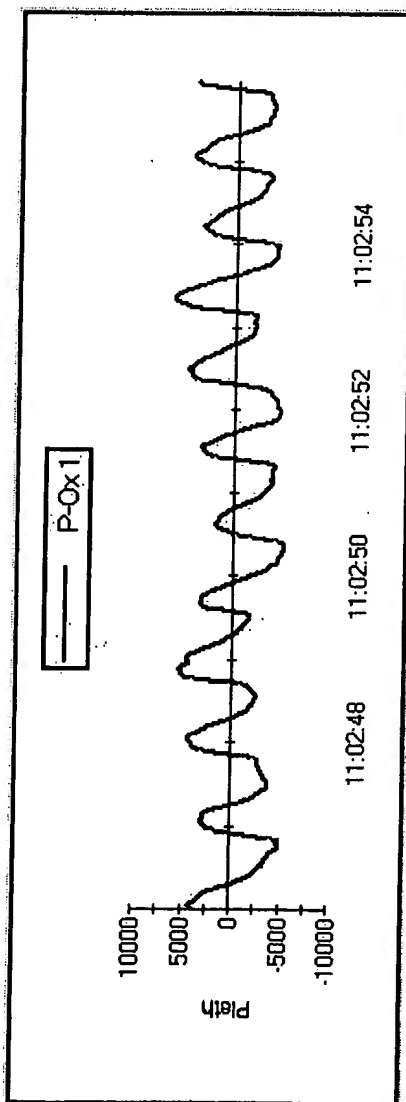
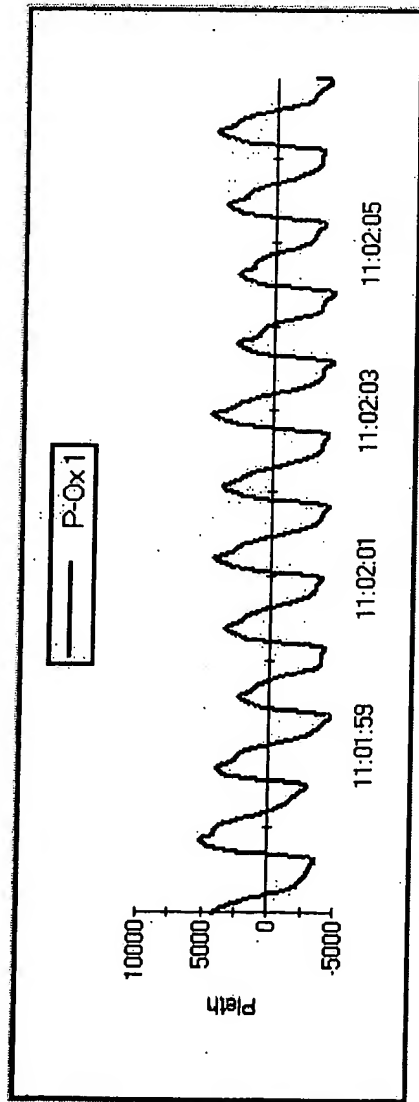
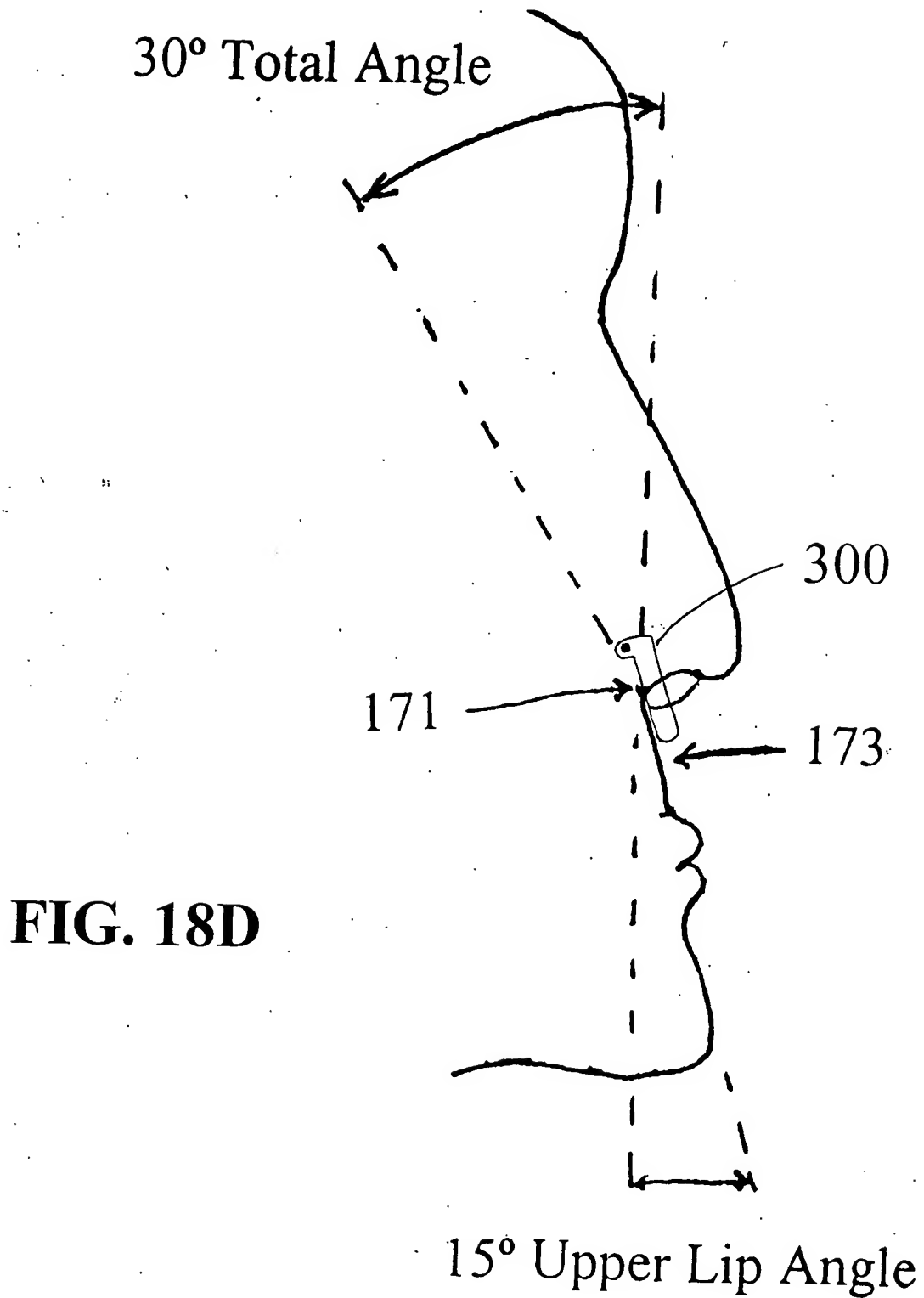


FIG. 18C





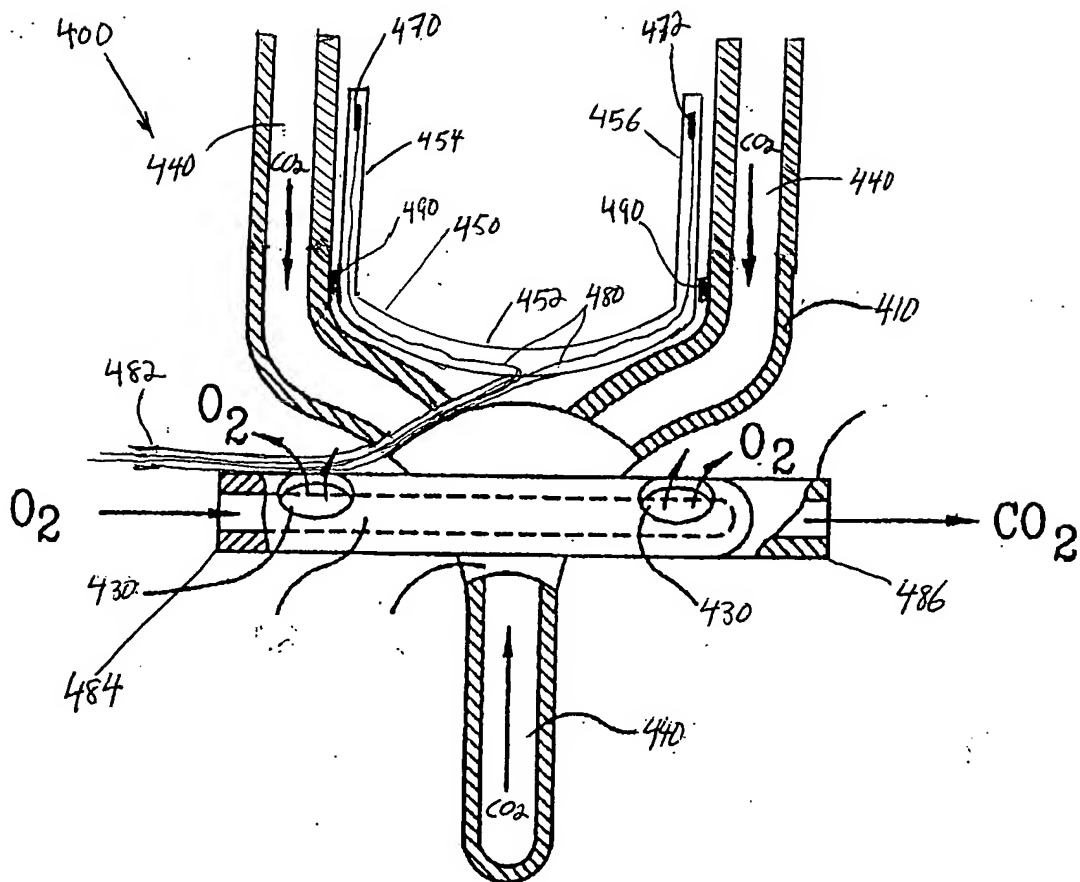


Figure 19A

BEST AVAILABLE COPY

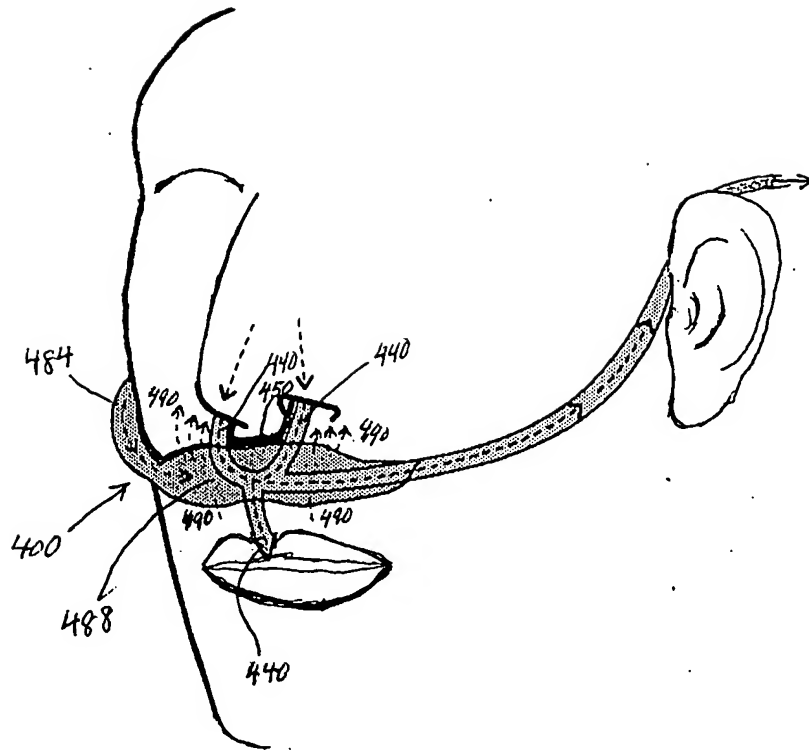


Figure 19B

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